PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRICTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION IEE (if required, blacks.) through 5 should be completed where appropriate. All interthe correspondence including the Patent, advance octer and notification of maintenance fee will be mailed to the current correspondence address is indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notificat	ions.								
CURRENT CORRESPONDENCE ADDRESS (Nose; Use Block 1 for any change of address) 24737 7590 07/23/2008					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
24737	C. CR. A. CM Str. W. C. C.								
PHILIPS INTELLECTUAL PROPERTY & STANDARDS					Certificate of Mailing or Transmission Liberalty cartify that this Eng(s) Transmittal is being deposited with the United				
P.O. BOX 3001					I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
BRIARCLIFF MANOR, NY 10510					addressed to the Mail Stop ISSUE FEE address above, or being facsimile				
BRIARCLIFF MANOR, NT 10510					transmitted to the USPTO (5/1) 2/3-2885, on the date indicated below. (Depositor's name)				
				Г				(Signature)	
				\vdash				(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.				
09/118,572	07/17/1998	KARL J. WOOI			PHB34169US			9151	
		STUDE GENERATION					11113 110703	7151	
TITLE OF INVENTION: GRAPHIC IMAGE TEXTURE GENERATION									
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUI	E PEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300		\$0		\$1740	10/23/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS	S					
YANG, RYAN R		2628	345-582000						
1. Change of corresponde CFR 1.363).	2. For printing on the patent front page, list								
	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,								
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ Tee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered at 2.					a single firm (having as a member a				
PTO/SB/47; Rev 03-0. Number is required.	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
recordation as set form in 37 CFR 3.11. Completion of this form is NO1 a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Koninklijke Philips Electronics N.V. Eindhoven, The Netherlands									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🔲 Government									
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)									
☐ A check is enclosed.									
☑ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.									
Advance Order - #	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $14-12/0$ (enclose an extra copy of this form).								
5. Change in Entity Stat	us (from status indicate	d above)							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if req ecords of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other t Office.	han th	e applicant; a regi	stered a	attorney or agent; or th	e assignee or other party in	
Authorized Signature /Eric M. Bram/ Date October 23, 2008									
	Date October 23, 2008								
Typed or printed name	Registration No 37, 285								
This collection of informa an application. Confident submitting the completed this form and/or suggestion Box 1450, Alexandria, V: Alexandria, Virginia 223	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this bu irginia 22313-1450. DO (3-1450.	CFR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the DNOT SEND FEES OR	on is required to obtain 1.14. This collection depending upon the e Chief Information C COMPLETED FORM	n or re is esti indivi Office IS TC	etain a benefit by t mated to take 12 r dual case. Any co r, U.S. Patent and THIS ADDRESS	he publ ninutes mment Traden i. SENI	lic which is to file (and s to complete, includin is on the amount of tir nark Office, U.S. Depo D TO: Commissioner	by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.